CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED FORM COMMENT OF SAN ANDONIO SHEET PG 1 FORM C/OH

		CITA CTEN	1
The C/OH INSTRUCTION THIS form.	ON GUIDE explains how to complete	1 ACCOUNT# (Ethics Officers)	10: To Dapages filed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST THOMAS	MI	OFFICE USE ONLY
TV dvil	NICKNAME LAST LOFEZ	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER ADDRESS	305 5,		
Change of Address	(210) 271-0519 ANTON)W TEXHS 18207	Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	TITLE FIRST	MI	Receipt # Amount
	NICKNAME LAST	SUFFIX	Date Processed
•	SANCHET		Date Imaged
5 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT 5106 SENIS, SAU ANTONU	A SPRINGS	21P CODE 875/
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (210) 364-7376	EXTENSION	
*.	(210) 364-7376		
REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
PERIOD COVERED	Month, Day Year THROU	Month Day 5 / 17	Year / 2003
0 ELECTION	Month Day Year ELECTION TYPE 5 /27 /2003 Primary		General Special
1 OFFICE	OFFICE HELD (If any) SAISD TRUSTEE	12 OFFICE SOUGHT (if known)	CMY COWCK DE
NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign expending candidates are required to disclose this information on	ditures made by others without the candi	date's prior consent or approval
BY OTHER INDIVIDUALS	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zi	p Code	
additional pages			
			

1

CANDIDA SUPPORT	TE / OFFI	CEHOLDER REPORT: R	ECEIVER F SAN AN ITY CLERK	FORM C/OH
14 C/OH NAME		2002 MAS	15	ACCOUNT #(Ethics Commission filers)
THOM	AS C. C	LOPEZ 2003 MAY	19 A N	0: 05
16 NOTICE FROM POLITICAL COMMITTEE(S)	iliay nave been mad	stice of political expenditures by political committees to supple without the candidate's or officeholder's knowledge or conseif they receive notice of such expenditures.	ort the candidate	/ officeholder. These expenditures and officeholders are required to report
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS	· · · · · · · · · · · · · · · · · · ·	
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 NO REPORTABLE ACTIVITY	Check here if r	to reportable activity occurred during this reporting period. (Si	gn affidavit below ar	nd submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS	1. TOTAL I PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHE S, LOANS, OR GUARANTEES OF LOANS), UNLESS	ER THAN ITEMIZED	\$ 150-
· · · · · · · · · · · ·	(OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOA		\$ 12150 —
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLES	S ITEMIZED	\$ 3550 — \$ 8575,74
	4. TOTAL	POLITICAL EXPENDITURES		\$ 8575,74
OUTSTANDING LOAN TOTALS	5. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS Y OF THE REPORTING PERIOD	AS OF THE	\$ 0
19 AFFIDAVIT				
AFFIX NOTATE STATE	S. O.	is true and correct and inch me under Title 15, Election	udes all informa	y, that the accompanying report ation required to be reported by or Officeholder
Sworrfto and subscribe	12	7 X	, thi	s the day
Milinda S	S. /4/	y which, witness my hand and seal of office. MUINAN S. IM	Mit	any
Signature of officer adm	inistering path	Printed name of officer administering oath	Title of o	fficer administering oath
Printed on recycled paper	•			

	CAL CONTRIBUTIONS R THAN PLEDGES OR LOAN		(FOR FOR	SCHEDULE A1 MS C/OH, C/OH-SS, SC-C/OH, -\$C-SPAC, SPAC, & SPAC-SS)
The Instruction	N GUIDE explains how to complete this form.	20	1 Fotal pages this	Shiphedule A1:
2 FILER NAME	ms C Wer	20(3 MAGCOUNT # A	hid Commission filers)
4 Date 4//8 9 Principal occur	5 Full name of contributor out-of-state PAC (ID#: W.B. BLIZONOO 6 Contributor address; City; State; Zip Code 2219 CIN CINNATI SMANTONN TENS pation (Optional)		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
Date 4/28	Full name of contributor out-of-state PAC (ID#:_ CESAL R SCRNA- Contributor address; City; State; Zip Code / 20 // UL TA- SAN AN TONO TX 7	8205	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Optiona	al)	
Date 4/VF	Full name of contributor out-of-state PAC (ID#:_ ONLAWOD J. TEND Contributor address; City; State; Zip Code 2 HEM POE CT HOUSON, TENN 74		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occur	pation (Optional)	Employer (Options	al)	
Pate 4/17	Full name of contributor out-of-state PAC (ID#_3D1 PAC) Contributor address; City; State; Zip Code 1900 W. LOOP SOUTH HOUSWA TEXAS FF	,SE 600	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Options	ni)	
Date 4/17	Full name of contributor out-of-state PAC (ID#:_ NW FDWW (LAKRY Contributor address; City; State; Zip Code O. BOK MB BUY STE SIN ANTONU (LTMS)	* MICE) 717	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	ration (Optional)	Employer (Optiona	l)	
lf contri	ATTACH ADDITIONAL COPIE: butor is out-of-state PAC, please see instru			ng requirements.

Full name of contributor out-of-state PAC (ID#:_______)
Amount of contribution (\$) In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

OTHE	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	RECEI CITY OF SAF	Vision	SCHEDULE A1 RMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS
	ION GUIDE explains how to complete this form.	2003 MAY 19	1 Total pages this	Schedule A1:
FILER NAM	oms C WPEL		3 ACCOUNT # (E	thics Commission filers)
Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
1/30	6 Contributor address; City; State; Zip Code 1425 S.W. 1941 87 SIN ANTONIO TEXAS		100 -	
Principal occu	upation (Optional)	7820 7 10 Employer (Option	pal)	
Date /8	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	SO3 E PYRON TEXAS		wo	
		Employer (Option	al)	
Date 8	Full name of contributor Out-of-state PAC (ID#:_ ROLANDO B. PABLOS Contributor address; City; State; Zip Code P.O. BOK 780603		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	SAN ANTONO TERRS pation (Optional)	78 278 Employer (Optional		
D-4-				
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	1700 RIO GLANDE 12187IN TEXAS 7870	01	1000 -	
nncipal occup	ation (Optional)	Employer (Optiona)	
Date /	Full name of contributor out-of-state PAC (ID#: PACHALD SNOUNCE; Contributor address; City; State; Zip Code)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	407 SPOTSWOOD DR 800 AMENEN TEXAS TY	230	500-	
rincipal occupa	ation (Optional)	Employer (Optional)	
If contrib	ATTACH ADDITIONAL COPIES outor is out-of-state PAC, please see instruc	OF THIS FORM AS	NEEDED	

	ON GUIDE explains how to complete this form.	2003 MAY	of Total Checkins	Schedule A1:
2 FILER NAM	E		3 ACCOUNT # (E	Phin Commission files)
TUNO	ras C WPEZ		3	uncay Commission mers)
4 Date	E = "			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
,	111000 - A AMOUND		contribution (\$)	description (if applicable)
5/9	CHARLES B. MUNOZ			1
	6 Contributor address; City; State; Zip Code			1
	222 DISAMMON		10	1
	SAN ANTONE TEXAS	78228	101 -	
9 Principal occu	pation (Optional)	10 Employer (Option	al)	<u> </u>
			•	
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of	In Idinal as Add at
	Duration I)	contribution (\$)	In-kind contribution description (if applicable)
-1	DUNCAN MENANOUTEN			
5/9	Contributor address; City; State; Zip Code			
7	2210 SCHLEY		1-	
	Son ANTONE TERAS	767	100 -	
Principal conv		78210		_
r incipal occup	pation (Optional)	Employer (Optiona	al)	
Date	Full name of contributor ut-of-state PAC (ID#:_	1	Amount of	In-kind contribution
	•	/	contribution (\$)	description (if applicable)
K//	ANGELA GALCUA		1	
3/20/	Contributor address; City; State; Zip Code		!	
	2731 W. MKRETOE		700 -	
	SAN ANTONIN TERMS 70	87.2.8	000	
Principal occur	pation (Optional)	, , ,		
т ппорагоссир	Paudit (Opudhai)	Employer (Optiona	il)	
Date	Full name of contributor)	Amount of	In-kind contribution
	LUPE TOLLES		contribution (\$)	description (if applicable)
1-1	Contributor address; City; State; Zip Code		i	
3/11	7500 CALLAGHAN RO	,	_ i	
			Zor -	
	SMINTONO TERIS 7	18225	ļ	
Principal occupa		Employer (Optional	<u> </u>	
		Employer (Optional	,	
Date	Full name of contributor out-of-state PAC (ID#:			
)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	LULAC COUNCIL # 463	80		and the second second
	Contributor address; City; State; Zip Code		l	
0/10			7	
	4212 MEDICAL OR 400 MODERNO TEMS		Zur-	
Principal occupa		Employer (Optional))	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

exas Ethics C	Commission P.O. Box 12070 Aus	tin, Texas 78711-207	70 (512) 40	63-5800 1-800-325-8
	TICAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	VS RECEIVED CITY OF SAN AN) ITONIO (FOR FOR K	SCHEDULE A1 RMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instruc	тюм Guide explains how to complete this form.	2003 HAY 19 A	10: Total Bages this	Schedule A1:
FILER NAI	me C. Lopec	- 14W (305)	3 ACCOUNT # (E	thics Commission filers)
Date	5 Full name of contributor out-of-state PAC (ID#	·	7 Amount of	8 In-kind contribution
5/10	6 Contributor address; City; State; Zip Code 731 SPACIOUS SKY		contribution (\$)	description (if applicable)
		78258		[
Principal occ	cupation (Optional)	10 Employer (Option	nai)	
Date	Full name of contributor out-of-state PAC (ID#	· · · · · · · · · · · · · · · · · · ·	Amount of contribution (\$)	In-kind contribution description (if applicable)
C/10	Contributor address; City; State; Zip Code 3130 CATO SAN ANTONO TERAS	e	100-	
Principal occ	upation (Optional)	Employer (Option	al)	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/10	Contributor address; City; State; Zip Code 306 BRAHAN OLYD SAN AND TEMS		50-	
Principal occi	upation (Optional)	Employer (Options	ai)	
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/10	Contributor address; City; State; Zip Code 514 W. COMMENCE SIN ANTONIO TERMS		sou -	
Principal occu	upation (Optional)	Employer (Optiona	l)	
Principal occu	Full name of contributor out-of-state PAC (ID#: MANL D. ONNADOS	Employer (Options	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Full name of contributor out-of-state PAC (ID#: MALL D. OUNDADOS Contributor address; City; State; Zip Code 71 22 SNS ASDLO		Amount of	
Date /8	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	

ontributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

	CAL CONTRIBUTIONS	ustin, Texas 78711-20 RECC CITY OF SA	DINOTHA	
OTHER	R THAN PLEDGES OR LOA	Ne CITY	CLERK (FOR FOR	SCHEDULE A1
•	CHARLE ELDOLO ON LOA	(142)		MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
		7003 HAY 1"	9 A 10:03	
The Instruction	אס Guide explains how to complete this form.	2000	1 Total pages this	. —
FILER NAME	E		61	
11400	_		3 ACCOUNT#	hics Commission filers)
Date		······································		T
Date	5 Full name of contributor Out-of-state PAC (I		_) 7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
/	IRON WORKERS CA	Æ		i accesspance (ii applicable)
19	6 Contributor address; City; State; Zip Co	ode (]
/ /	3005 DAWN DA S	18 184	(00) -	[
	COORESTONN TX	78628		<u> </u>
Principal occup	pation (Optional)	10 Employer (Option	onal)	
			·	
Date	Full name of contributor ut-of-state PAC (II	D#:	.) Amount of	In-kind contribution
1	SULUIA DOIN THE	May (Ties	contribution (\$)	description (if applicable)
1/12	Contributor address; City; State; Zip Co	ode		
, , _	Contributor address; City; State; Zip Co	•	100	
	8m moram TX		150-	
Principal occur	pation (Optional)			
<u> </u>		Employer (Optio	riai)	
Date	Full name of contributor out-of-state PAC (ID)#:	Amount of	In-kind contribution
		_	contribution (\$)	description (if applicable)
-/	MER TALAMINTE		.]	
12	Contributor address; City; State; Zip Coo			
	P. O. ROW 5536	ue		
	P. O. BOX 5936		100-	
	P. O. BOX 5936 SAN ANTONO TX		100-	
Principal occup	P. O. BOX 5936		/00-	
	P. O. BOX 5936 SAN ANTONUS TX ation (Optional)	7720/ Employer (Option	<u> </u>	
Date	P. J. BOX 5536 SAN ANTONUS TX Pation (Optional) Full name of contributor ut-of-state PAC (ID.	7	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Full name of contributor out-of-state PAC (ID. JULIE M. GOPOLT.	7820 / Employer (Option	Amount of	
Date	Full name of contributor Out-of-state PAC (ID. Contributor address; City; State; Zip Cook	7820 / Employer (Option	Amount of	
Date	Full name of contributor Out-of-state PAC (ID. Contributor address; City; State; Zip Coc. 16936 BLOOKWOOD	Employer (Option #:	Amount of	
Date	Full name of contributor Out-of-state PAC (ID. Contributor address; City; State; Zip Coc. 16936 BLOOKWOOD	7820 / Employer (Option	Amount of	
Date //6	Full name of contributor Out-of-state PAC (ID. Contributor address; City; State; Zip Coc. 16936 BLOOKWOOD	Employer (Option #:	Amount of contribution (\$)	
Date	Full name of contributor out-of-state PAC (ID. SAN ANTONIA TX. Pation (Optional) Full name of contributor out-of-state PAC (ID. SULE M. GOPOLT. Contributor address; City; State; Zip Coo. 16936 BLOOKADOD SAN ANTONIA TX. 78 ation (Optional)	Employer (Option # The de	Amount of contribution (\$)	
Date //6	Full name of contributor out-of-state PAC (ID: Salva ANTONIU TX out-of-state PAC (ID: Salva ANTONIU TX out-of-state PAC (ID: Salva ANTONIU TX out-of-state PAC (ID:	Employer (Option #: #: Employer (Option #: Employer (Option	Amount of contribution (\$)	description (if applicable)
Date // 6	Full name of contributor out-of-state PAC (ID. SALIE M. GOPOLT Contributor address; City; State; Zip Coc 16936 BLOOKWOOD SAN ONTOWN TX 78 ation (Optional)	Employer (Option #: #: Employer (Option #: Employer (Option	Amount of contribution (\$)	description (if applicable)
Date // 6	Full name of contributor	Employer (Option #: #: Employer (Option #: Employer (Option #: #: #: #: #: #: #: #: #: #:	Amount of contribution (\$)	description (if applicable)
Date // 6	Full name of contributor out-of-state PAC (ID: Salva ANTONIUS TX ation (Optional) Full name of contributor City; State; Zip Cool Salva ANTONIUS TX 78 ation (Optional) Full name of contributor out-of-state PAC (ID: MMY C. BANNHI Contributor address; City; State; Zip Cool P. O. BOX 6 55555	Employer (Option #:	Amount of contribution (\$) Amount of contribution (\$)	description (if applicable)
Date // 6	Full name of contributor	Employer (Option #:	Amount of contribution (\$)	description (if applicable)
Date Principal occupa Date	Full name of contributor out-of-state PAC (ID: Salva ANTONIA TX ation (Optional) Full name of contributor Out-of-state PAC (ID: Salva ANTONIA TX Salva	Employer (Option #:	Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$)	description (if applicable)
Date // 6	Full name of contributor out-of-state PAC (ID: Salva ANTONIA TX ation (Optional) Full name of contributor Out-of-state PAC (ID: Salva ANTONIA TX Salva	Employer (Option #:	Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$)	description (if applicable)

Employer (Optional)

Amount of

contribution (\$)

In-kind contribution

description (if applicable)

	Contributor address; City; State; Zip Code			
Principal occup	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State, Zip Code)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address. City, State, Zip Code			
Principal occup	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#:	.,)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		· [
Principal occup	pation (Optional)	Employer (Options	al)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

out-of-state PAC (ID#:

Principal occupation (Optional)

Full name of contributor

Date

PLEDG	ED CONTRIBUTIONS REC CITY OF	CEIVED SAN ANTONIO Y CLERK	(FOR FORMS C/OH	SCHEDULE B1, SC-C/OH, SC-SPAC, & SPAC)
The Instruct	TION GUIDE explains how to complete this form.		1 Total pages this	Schedule B1:
2 FILER NAM	ME _		3 ACCOUNT # (E	thics Commission filers)
	Homes C. Wes	1		
4 TO	TAL OF UNITEMIZED PLEDGES: ⇒	\$ \$\$ \$\$	\$	\$ \$
5 Date	6 Full name of pledgorout-of-state PAC (ID#:_		8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State: Zip Co	de		[· · · · · · · · · · · · · · · · · · ·
10 Principal occu	upation (optional)	11 Employer (option	nal)	h
Date	Full name of nedgorout-of-state PAC (ID#:) Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Co	de		l vila k
Principal occu	upation (optional)	Employer (option	nal)	
Date	Full name of pledgorout-of-state PAO (D#:		Amount of pledge (\$)	In-kind description (if applicable)
Principal occu	pation (optional)	Employer (option	lai)	
Date	Full name of pledgorout-of-state PAC (ID#	de	Amount of pledge (\$)	In-kind description (if applicable)
Principal occu	pation (optional)	Employer (option	al)	
Date	Full name of pledgor out-of-state PAC (ID#:	de	Amount of pledge (\$)	In-kind description (if applicable)
Principal occu	pation (optional)	Employer (option	al)	
		ES OF THIS FORM		

LOANS		Indiana Ing ikang kang	-515 J	SCHEDULE
The Instruction G	UIDE explains how to complete this form.		1 Total pages Sci	nedule E:
FILER NAME	ms C WAEZ	<u></u>	3 ACCOUNT # (E	Ethics Commission filers)
тотл	AL OF UNITEMIZED LOANS:	à à à à	⇒ ⇒	\$ 0
Date of loan	7 Name of lender	out-of-state PAC (ID#:)	9 Loan Amount (\$)
Is lender a financial Institution?	8 Lender address; City; State;	Zip Code		10 Interest rate
Y N				11 Maturity date
Description of Collat	eral			
GUARANTOR INFORMATION	14 Name of guarantor			16 Amount Guaranteed (\$)
not applicable	15 Guarantor address: City; State:	Zip Code		
Principal Occupation		18 Employer		
Date of loan	Name of lender	Out-of-state PAC (10#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code		Interestrate
Y N				Maturity date
Description of Collate	ral			
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; State;	Zip Code		
Principal Occupation		Employer		_
lf lender is	ATTACH ADDITIONAL CO s out-of-state PAC, please see inst	PPIES OF THIS FORM AS	NEEDED onal reporting r	equirements.

	mission P.O. Box 12070 Austin,	Texas 78711-2070	(512)	463-5800 1-800-325-
LOANS	CITY OF SAN CITY OF SAN	ED ANTONIO		SCHEDULE E
The Instruction	iune explains how to complete this form.	4 10: 06	1 Total pages Sci	hedule E:
FILER NAME			3 ACCOUNT # (E	Ethics Commission filers)
Titon	ms d wpor			
	AL OF UNITEMIZED LOANS:	\$ \$ \$	\$	\$
Date of loan	7 Name of lender	Out-of-state PAC (IDIF:		9 Loan Amount (\$)
is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest rate
Y N				11 Maturity date
Description of Colla	teral			1
GUARANTOR INFORMATION	14 Name of guarantor			16 Amount Guaranteed (\$)
not applicable	15 Guarantor address; City; State;	Zip Code		
Principal Occupation		18 Employer		
Date of loan	Name of lender	Out-of-state PAC (IDII:	1	Loan Amount (\$)
s lender a nancial Institution?	Lender address; City; State;	Zip Code		Interest rate
N				Maturity date
escription of Collate	ral			
SUARANTOR NFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; State;	Zip Code		
rincipal Occupation		Employer		
lf lender i	ATTACH ADDITIONAL CO s out-of-state PAC, please see inst	PIES OF THIS FORM A	S NEEDED tional reporting r	equirements.

Texas Ethics Commission

POLITICAL EXPENDITURES	RECEIVED SCHEDULE F CITY OF SAN ANTONIO CITY CLERK
The Instruction Guide explains how to complete this form	
2 FILER NAME THOMAS C. WHE	3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Payee name OCITICO 6 Payee address; City; State; IOO BLOAD WM WYOUW TO	Zip Code 750 — 750
8 Purpose of payment (See instructions regarding type of information required.) CAM I A CONTROL SEPCIAL CONTR	mation • Complete if direct expenditure to benefit C/OH • Candidate / Officeholder name Office sought Office held
Payee name Spy Intonus No. Payee address; City; State; P.O. Forz 40022 Smy Intonus Text	Zip Code 30v —
Purpose of payment (See instructions regarding type of inform required.) ANIBALISTMAT	mation •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
Payee name CHINGNE PLM Payee address; City; State; 2030 E, HOUSTON SMN MAPLE TERM	Zip Code 772. 76
Purpose of payment (See instructions regarding type of inform required.) UNIVERSE UN	mation Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Payee name LUNRINE PLIN Payee address; City; State; 2030 E, IDUS-101 GN MONW TE	Zip Code /45, 63
Purpose of payment (See instructions regarding type of inform required.) CAM PACON LITERATURE ATTACH ADDITIONAL	Candidate / Officeholder name Office sought Office held

POLIT	ICAL EXPENDITURES		SCHEDULE F
		RECEIVED CHY OF SAH ANTO)HIO
The Instruct	TION GUIDE explains how to complete this form.	Cil 1 Total pages	S Schedule F:
FILER NAM	ME .	2003 MA 31 Account	# (Ethics Commission filers)
Date	5 Payee name	K. A.A.	7 Amount (\$)
1/18	6 Payee address; City; State; Zip Code 3417 NE IMA	ww	260 <u>ov</u>
,	AN ANTONO 15NB		200 —
Purpose of pa required.)	ayment (See instructions regarding type of information	9 Complete if direct expenditure to Candidate / Officeholder name	to benefit C/OH •• Office sought Office hel
	LETURONOS		
Date	Payee name Me Corys Bulloeds		Amount (\$)
4/29	Payee address; City; State; Zip Code 1654 5, OSO MCA	urce	127 50
	IN MANN TEXAS	78237	
Purpose of par required.)	yment (See instructions regarding type of information	Complete if direct expenditure to Candidate / Officeholder name	o benefit C/OH •• Office sought Office held
m	reams for slows		
Date	Payee name Payee address: City State: Zin Code		Amount (\$)
5/8	10711 HILL POINT		848.58
Pumoso of no	yment (See instructions regarding type of information	27	
required.)	ment (eee insulacions regarding type of information	•• Complete if direct expenditure to Candidate / Officeholder name Of	b benefit C/OH •• ffice sought Office held
Date	Payee name	SEE EXPENSITURES	Amount (\$)
13	Payee address; City; State; Zip Code 2203 S. WALKBERK	Ly PUNES	278 00
	-SAN ANTONO 1EMS	78210	
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if direct expenditure to Candidate / Officeholder name	benefit C/OH •• fice sought Office held
AOVE	ATI BEMENT		

Texas Ethics Commission

POLITICAL EXPENDITURES SCHEDULE F Total pages Schedule F: 10 A PLYAM The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME **Amount** Date (\$) NOTINY QUICK 6 Payee address; City; State; Zip Code P.O. BOK 279 201.80 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · Office held Candidate / Officeholder name PHONE MESSAGNO SOLY Amount MONT COMOLY & ASSUCIMES Payee address; City; State; Zip Code 2101 5, 1435 AUSTN TENS 7874 (ANTHE PRYMENT) Purpose of payment (See instructions regarding type of information • Complete if direct expenditure to benefit C/OH •• required.) Office held Candidate / Officeholder name Office sought PHONES MOSSHOWE Payee name CRUMLINE PRINTING Payee address; City; State; Zip Code 20 30 6, Hous Ton Amount (\$) 1107.88 Purpose of payment (See instructions regarding type of information .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held CAMPAICAN LITERATURE **Amount** Date Payee address; City; State; Zip Code 10711 HUL PONT (\$) 8m mooner TEARS 7821 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · required.) Candidate / Officeholder name Office held ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPE	NDITURES	RECEIVED CITY OF SAN ANTON	SCHEDULE F
The Instruction Guide explains ho	w to complete this form.	2003 MAY 1 9.1 Actal@as	
	WPEZ	3 ACCOU	NT # (Ethics Commission filers)
A Date 5 Payee name POUT Payee address; ION 6 Purpose of payment (See instruction required.)	City; State; Zip Cod SKOAOWNY Vone TENK	9 •• Complete if direct expenditu	7 Amount (\$) re to benefit C/OH •• Office sought Office held
Date Payee name BLACK Payee address;	City; State; Zip Code	C18H	Amount (\$)
Purpose of payment (See instruction required.) BLOCKUMKERS F		Complete if direct expenditure Candidate / Officeholder name	re to benefit C/OH •• Office sought Office held
Date Payee name AUDUL Payee address;	City; State; Zip Code	PASIF.	Amount (\$)
Purpose of payment (See instruction required.)		Complete if direct expenditur Candidate / Officeholder name	e to benefit C/OH •• Office sought Office held
Date Payee name			Amount (\$)
Purpose of payment (See instructions required.)	The state of the s	Complete if direct expenditure Candidate / Officeholder name	e to benefit C/OH •• Office sought Office held
AT	TACH ADDITIONAL COPIE	S OF THIS FORM AS NEEDED	

	FROM PERSONAL FUNDS RECEIVED CITY OF SAN AN CITY CLER	i onio
		Schedule G:
FILER NAM	ILER NAME 3 ACCOUNT # (EI	
Date	5 Payee name BLOCK WINKERS ENSH	8 Amount (\$)
25	6 Payee address; City; State; Zip Code	30r
03	7 Purpose of expenditure (See instructions regarding type of information required.)	Reimbursement from political
	BLOCKWINGER & DRIVERS BAPENSES	contributions intended
Date	Payee name SOUTH SIDE LECENDES. Payee address; City; State; Zip Code	Amount (\$)
03	2203 S. HACKBERRY For More Tease 78260	275
	Purpose of expenditure (See instructions regarding type of information required.) ANGLISEMM	Reimbursement from political contributions intended
Date	Payee name LINERPUSE CAL REVIUM Payee address; City; State; Zip Code / 0 / 50 / WY 28 / N	Amount (\$)
my	10150 HWY 281 N - 4NN ANDNIO, TEXAS 78216	550
	Purpose of expenditure (See instructions regarding type of information required.) E-Ony ImS	Reimbursement from political contributions intended
Date	Payee name IDENS UNCIMITED	Amount (\$)
my 13	Payee address; City; State; Zip Code 2516 BANDERA ROAD 8m monus TEXAS 78238	647, 28
	Purpose of expenditure (See instructions regarding type of information required.)	Reimbursement from political contributions intended
Date	Payee name BURKAWNIKEKS CHSH— EDAY 4 Payee address; City; State; Zip Code	Amount (\$)
my		2000 -
	Purpose of expenditure (See instructions regarding type of information required.) BUCKNINGLOUS & DUISCE LAKINSES	Reimbursement from political contributions intended

P.O. Box 12070

The Instruc	TION GUIDE explains how to complete this form.	Schedule G:
FILER NA	AAC	# (Ethics Commission filers)
Date	5 Payee name	8 Amount
Mu	6 Payee address; City; State; Zip Code	
N2	21 10 Collies 20 SM ANTONIS TEAM 78226	100
07	7 Purpose of expenditure (See instructions regarding type of information required.) E Dry Expenses	Reimbursement from political contributions intended
Date	Payee name TRAVS PLOUST	Amount (\$)
my	Payee address; City; State; Zip Code J. 40 W. LOSSPIFING SIM NOTONO TENAS 78219	106 %
03	Purpose of expenditure (See instructions regarding type of information required.) Flowers Sevice CEVEUS	Reimbursement from political contributions
Date	Payee name	Amount
	Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	(\$)
		from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	Reimbursement from political contributions intended
Date	Payee name	Amount
	Payee address; City; State; Zip Code	. (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	Reimbursement from political contributions intended

TO A BU	NT FROM POLITICAL CONT JSINESS OF C/OH	RIBUTIONS RECEIVED RESAN ANTONIO CITY OF SAN ANTONIO	SCHEDULE H
The Instruction	Guide explains how to complete this form.	2003 MAY 19 A D Sched	ule H:
2 FILER NAME	Formers C Well	3 ACCOUNT # (Ethic	s Commission filers)
	5 Business name 6 Business address; City; State; Zip Code		7 Amount (\$)
Purpose of paymerequired.)	ent (See instructions regarding type of information	9 · · Complete if direct expenditure to Candidate / Officeholder name Off	benefit C/OH •• ice sought Office held
Date	Business name Business address; City; State; Zip Code		Amount (\$)
Purpose of payme required.)	ent (See instructions regarding type of information	Complete if direct expenditure to Candidate Officeholder name Officeholder	penefit C/OH •• te sought Office held
Date	Business name Business address; City; State; Zip Code		Amount (\$)
Purpose of payme required.)	nt (See instructions regarding type of information	•• Complete if direct expenditure to Candidate / Officeholder name	enefit C/OH •• e sought Office held
Date	Business name Business address; City; State; Zip Code		Amount (\$)
Purpose of paymer required.)	nt (See instructions regarding type of information	•• Complete if direct expenditure to b Candidate / Officeholder name Office	enefit C/OH ·· or sought Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEEDED	

	TION GUIDE explains how to complete this form.	~
		s Schedule I:
	THOMAS C WPER	# (Ethics Commission filers)
Date	5 Payee name 6 Payee address; City; State; Zip Code	8 Amount (\$)
	7 Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount
	Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	(\$)
Date		
Date	Payee name	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	
Date	Payee name	Amount
	Payee address; City; State; Zip Code	(\$)
	Purpose of expenditure (See instructions regarding type of information required.)	
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CRED	ITS (optional)	CITY OF SAM ANTONIO	SCHEDULE K
The Instruct	TION GUIDE explains how to complete this form.	2003 MAY 1 o Total pages Sched	lule K:
2 FILER NA	THOMAS C. WEL	3 ACCOUNT # (Ethic	cs Commission filers)
4 Date	5 Payor name 6 Payor address; City; State; Zip Code 7 Reason for credit		8 Amount (\$)
Date	Payor name Payor address; City State; Zip Code Reason for credit		Amount (\$)
Date	Payor name		Amount (\$)
	Reason for credit		
Date	Payor name Payor address; City; State; Zip Code Reason for credit		Amount (\$)
Date	Payor name		Amount
	Reason for credit		
	ATTACH ADDITIONAL COPIES OF T	HIS FORM AS NEEDED	